

July 2006

CPR AND FIRST AID TRAINING GRANT

The Division of Child Care and Early Childhood Education has a training grant for CPR and First Aid that is available to all licensed and registered child care providers. This training grant is made possible through the Child Care Development Fund.

The purpose of the grant is to improve the quality of early childhood programs in the state of Arkansas through CPR and First Aid opportunities for the persons who work in those programs. Grants are available for both child care centers and child care family homes, profit and non-profit operations annually. Participants must be a full or part time employee of these programs.

Funds are available to child care facilities annually for **2 employees** per license number.

CPR and First Aid training grants are available throughout the year until funds set-aside by the Division of Child Care and Early Childhood Education are expended.

Funds will be released in the following manner:

- ❖ **The training organization/program is to submit an invoice after the class is held. You must provide the instructor with an approval letter PRIOR to taking the training course or payment will not be made.**
- ❖ We will pay a **maximum** amount of **\$65.00 per person** for CPR/1st Aid Training combined and a **maximum** amount of **\$32.50 per person** for CPR only or 1st Aid only. Any charges above the **maximum** amount will be the responsibility of the Child Care Facility.
- ❖ Checks will be sent to the training organization/program where you are registered. (We must have the complete name and address of the training organization/program where you are registered.)

The Division of Child Care and Early Childhood Education is committed to ensuring that early childhood professionals have quality staff development opportunities and is pleased to be able to assist you in receiving CPR certification for your staff.

To apply for a CPR and First Aid training grant, complete both the front and back of the attached application.

All applications must be RECEIVED, not mailed, in our office at least two weeks prior to the training date! Faxed applications will not be accepted!

If you have any questions or need assistance in completing this application, please contact Nancy Pearlstein at 501-682-9699.

A COPY OF YOUR CURRENT CHILD CARE LICENSE OR A LETTER FROM YOUR LICENSING SPECIALIST MUST BE ATTACHED FOR YOUR APPLICATION TO BE CONSIDERED.

Return completed applications **AT LEAST TWO WEEKS PRIOR** to training date to:

Division of Child Care and Early Childhood Education
Attn: CPR/First Aid Training Grant
P.O. Box 1437, Slot S-160
Little Rock, AR 72203

July 2006

Division of Child Care and Early Childhood Education
CPR and First Aid Training Grant Application

The Division of Child Care and Early Childhood Education has a training grant to pay for the registration costs of CPR and First Aid training. This application must be completed and returned to the address listed, **WITH A COPY OF YOUR LICENSE OR LETTER FROM YOUR LICENSING SPECIALIST, AT LEAST TWO WEEKS PRIOR** to the date of training for consideration. A letter notifying you of the acceptance or denial of this application will be mailed directly to you. **This letter must be provided to the CPR instructor PRIOR to taking the course. (This is your responsibility!) We will pay a maximum of \$65.00 per person for CPR/1st Aid combined or \$32.50 separately.**

FUNDS FOR CHILD CARE FACILITIES ARE LIMITED.

CHILD CARE FACILITY:

DIRECTOR: _____ LICENSE NO: _____ LICENSE CAP: _____

ADDRESS: _____

CITY: _____ STATE: AR ZIP: _____ PHONE: (____) _____

List the employees from your facility that are full or part time employees along with their social security number that want to register for the training. (Use additional pages as necessary.)

	<u>EMPLOYEE NAME</u>	<u>SSN# OF EMPLOYEE</u>	<u>REGISTRATION AMOUNT</u>
1.	_____	_____	_____
2.	_____	_____	_____

TOTAL OF CPR/FIRST AID TRAINING GRANT REQUESTED:

\$ _____

CPR/First Aid Training provided by:

Training Organization/Program: _____
(i.e., American Red Cross, American Heart Association)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ CPR
Instructor: _____

Date of Training: _____

I do hereby state and affirm that the CPR/First Aid training grant application as submitted is a true and accurate request and if awarded the training grant, employees listed in this application will attend the session. I also state and affirm that any charges above and beyond the maximum grant amount will be the Child Care Facility's responsibility.

Director's Signature

Date

**A COPY OF YOUR CURRENT CHILD CARE LICENSE
OR LETTER FROM YOUR LICENSING SPECIALIST
MUST BE ATTACHED FOR YOUR APPLICATION TO
BE CONSIDERED.**

FAXED APPLICATIONS WILL NOT BE ACCEPTED!

Return completed applications **AT LEAST TWO WEEKS PRIOR** to training date to:

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